

**WAUKESHA COUNTY HOCKEY LEARN TO PLAY HOCKEY**  
**Registration Form**  
**2009**  
**Hockey Skill Development Program**

Please print legibly completing both sides of this form. Both signatures on the reverse side are required.

**SKATER INFORMATION**

<b>Last Name:</b>		<b>US Citizen:</b> <div style="text-align: center;">Yes                      No</div>	
<b>First Name:</b>	<b>Initial:</b>	<b>Home Phone:</b>	
<b>Street Address:</b>			
<b>City:</b>	<b>Zip Code:</b>		
<b>Date of Birth:</b>	<b>E-Mail Address:</b>	<b>CIRCLE:</b> <div style="text-align: center;">Male                      Female</div>	
<b>SCHOOL DISTRICT YOU <u>RESIDE</u> IN:</b>		<b>SCHOOL ATTENDED 2008-09 :</b>  <b>Grade 2008-09:</b>	

**PARENT/GUARDIAN INFORMATION**

<b>Father's Name:</b>		<b>Father's Work Phone:</b>	
<b>Father's Street Address:</b> (if different than above)			
<b>City:</b>	<b>Zip:</b>	<b>Phone:</b>	
<b>Mother's Name:</b>		<b>Mother's Work Phone:</b>	
<b>Mother's Street Address:</b> (if different than above)			
<b>City:</b>	<b>Zip:</b>	<b>Phone:</b>	

**Please List Skating and Hockey Experience if any:** (Include level, number of years and name of organization.)

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**GROUP:** (Circle First Choice)

1. Nagawaukee Tuesday evenings 5:45m to 6:30pm

2. Nagawaukee Tuesday evenings 6:30pm to 7:15 pm

Sessions will be filled on first come first served basis. You will be notified if we are unable to fulfill your first choice.

**JERSEY SIZE:** Youth Small      Youth Medium      Youth Large      Youth X-Large  
Adult Small      Adult Medium

**All registrants must be turning age four or older by 12-31-2008.**

**Please enclose:**

- ❖ This registration form
- ❖ \$75 fee, Make checks payable to NWIA
- ❖ Copy of child's birth certificate
- ❖ Copy of USA Hockey Registration for Membership

**All of the registration information on both sides of this form provided to Waukesha County is true and correct. I understand that failure to provide accurate information regarding the registration of my child can result in immediate dismissal from this hockey program.**

**I know and understand that participating in hockey is a potentially hazardous activity. I assume all risks for myself and my child. I waive and release the Waukesha County, its directors and officers, coaches and agents from all claims and liabilities of any kind arising out of participation in the hockey or any association activities.**

**Father's/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Mother's/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**MAIL TO  
NAGA-WAUKEE ICE ARENA  
ATTN: NICK SANCHEZ  
2699 GOLF RD  
DELAFIELD, WI 53018**

***Naga-Waukee Ice Arena  
Office Line: 262-646-7072  
Email: nsanchez@waukeshacounty.gov***